

Commonwealth of Massachusetts – Board of Registration in Medicine
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880

APPLICATION FOR INACTIVE STATUS

Board Regulations: 243 CMR 2.06 (3)

Name: _____
(Last) (First) (Initial)

License Registration Number: _____

Is your license current? ☐ Yes ☐ No

A licensee must make their request in writing to the Board and certify that he/she will not practice medicine in Massachusetts. Please make such a request below:

I, _____ hereby request **inactive status**.
(print name)

I certify that I **will not practice** medicine in Massachusetts.

Signed: _____

Mailing Address: _____

(City) (State) (Zip code)

Email Address: _____
(Required)

NOTE: Inactive licensees are required to renew their inactive license every renewal cycle.

Please submit your active wallet size license with this form. A licensee who is inactive is exempt from the continuing medical education requirements set forth in 243 CMR 2.06(6) and is not required to have liability coverage.

PLEASE RETURN THIS APPLICATION TO THE ADDRESS ABOVE.